

## DoD Space Planning Criteria for Health Facilities

### Pediatrics

#### **3.3.1. PURPOSE AND SCOPE:**

This chapter specifies the space planning criteria for outpatient pediatric services. These services include preventive, diagnostic and curative healthcare provided to children (under the age of 18 years). These services may be further subdivided into pediatric, well baby and adolescent services.

#### **3.3.2. DEFINITIONS:**

**Adolescent:** An adolescent is a teenager: a child between the ages of 13 to 18 years of age.

**Clinic Visit:** A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of either examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic, or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology 1999)

**Patient Learning Resource Room:** A patient learning resource room provides patients with publications and access to computers connected to the internet to research diseases and health information.

**Pediatric Health Services:** Pediatrics is a branch of medicine dealing with the development, care and diseases of children.

**Primary Care Clinic:** A primary care clinic may be referred by various names (troop medical clinic, adult clinic, family practice clinic, adolescent clinic, pediatric clinic and well baby clinic). A primary clinic provides the office space for “primary care managers” in the military healthcare system.

**Primary Care Physician:** Generally applies to pediatricians, family physicians and general practitioners and occasionally includes obstetrician/gynecologists and internists (Source: DoD 6015-M, Glossary of Healthcare Terminology, 1999).

**Provider:** An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within their scope of practice as established by the governing body of a healthcare organization. Providers are physicians, physician's assistants and clinical nurse practitioners.

**Rotating Resident:** A rotating resident is one from any graduate medical education (GME) specialty program (internal medicine, pediatrics, surgery, family practice, etc.) who, in the course of his or her education, must spend time in the services of another specialty. For example, internal medicine residents are required to “do a rotation” in the OB/GYN service.

**Well Baby:** Well baby is a term used to designate an infant who receives routine healthcare examinations to determine if the infant is developing normally. Well baby visits may also include those visits made for routine immunizations.

#### **3.3.3. POLICIES:**

**Adolescent:** A separate adolescent clinic will be programmed when justified by work load. (2 Adolescent Medicine providers.

**Pediatric Clinic:** A pediatric clinic may be provided when there are a minimum of two pediatricians assigned.

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**Providers' Examination Rooms:** Each provider will be provided with two examination rooms.

**Providers' Offices:** Each physician, physician's assistant, clinical nurse practitioner, and allied scientist on the staff, who have patient appointments, will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists and Commanders).

**Residents' Office Space:** Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education programs studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

**Resident's Office/Examination Rooms: Additional** office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they are see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: these resident are not necessarily pediatric residents, family practice, internist and others residency programs may require a rotation in the pediatric clinic.

#### **3.3.4. PROGRAM DATA REQUIRED:**

Are there two or more providers (FTEs) for an adolescent clinic?
Will there be a separate adolescent clinic?
Number of providers programmed (pediatrics, adolescent)
Projected pediatric population (pediatric total, infant and adolescent)
Projected clinic visits per year (pediatric, adolescent).
Projected number of immunizations per year.
Number of nurses (FTEs) projected?
Number of child psychologist projected?
Number of social workers projected?
Is there a pediatric residency program?
Number of pediatric resident projected?
Maximum number of FTE residents (all types) seeing patients in the clinic at one time?
What are the maximum number of providers performing well-baby service at any given time?
Is there a Residency Research Technician?

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#### 3.3.5. SPACE CRITERIA:

**Note to Programmer:** The concept of operation is important to programming. It may be more practical, due to resource constraints in a small facility, to program only a pediatric clinic without a separate well baby or adolescent clinics. In a smaller facility, the well baby and adolescent clinic requirements may be met by using the same providers and scheduling these clinics at different times. Bear in mind that while scheduling can be an effective use of resources, there will always be a requirement for access to care for ill pediatric patients. In a single pediatric facility (i.e. one facility which provides well baby and/or adolescent services in the same facility via scheduling) there must be facilities to separate potentially infectious patients from the well baby patients.

If the concept of operation is to have separate clinics (sick versus well), then each clinic should be studied very carefully to maximize the sharing of resources and minimize the duplication of functions.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
PATIENT AREAS			
Clinic Waiting/Play Area (Pediatric/Well Baby/Adolescent)		varies	Provide 5.0 seats per each provider FTE. <u>Main waiting</u> : Recommend providing 67% of space for a main waiting area. <u>Well waiting</u> : : Recommend providing 33% of space for a well waiting area. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). If programming does not allow for separate services (well waiting vs. main waiting), then combine providers and waiting space appropriately.
Clinic Reception Station /Control Counter	13.01	140	140 nsf per provider team when consolidated reception, or one at 140 nsf per every 8 providers. Includes space for 2 technicians. When only 1 technician required, consolidate with adjacent department, where possible.
Infant Feeding Room	5.57	60	Minimum. One room per waiting area. Add 40 additional square feet for each ten waiting chairs in excess of 20.
Toy Storage Area	5.57	60	One per clinic.
Pediatric Play Room	11.15	120	One per clinic.
Screening/Weights and Measures Room	18.58	200	One per each 4 providers assigned.
Vision and Hearing Screening Room	11.15	120	One per clinic.

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	m <sup>2</sup>	nsf

Provider's Exam Rooms	11.15	120
Isolation Exam Room	13.01	140
Isolation Toilet	5.57	60
Well Waiting - Immunization	11.15	120
Pediatric Immunization Waiting	11.15	120
Pediatric Immunization Room	11.15	120
Immunization Holding Area	18.58	200
Patient Learning Resource Room	11.15	120
Patient Toilets		varies

### STAFF AND SUPPORT AREAS

Administrative Office		varies	
Provider's Office	11.15	120	
Social Worker's Office	11.15	120	
Nurse Manager's Office	11.15	120	
Nurses' Work Room	11.15	120	
NCOIC/LCPO/LPO Office	11.15	120	
Clean Utility Room	11.15	120	
	13.94	150	
	16.72	180	
Soiled Utility	8.36	90	
	11.15	120	
	13.94	150	
Equipment Storage	9.29	100	
Team Conference Room(s)	23.25	250	
Conference Room	37.16	400	One per clinic. Seats 20 at conference table.
Staff Lounge		varies	See Section 6.
Staff Lockers		varies	See Section 6.
Staff Toilets		varies	See Section 6.
Janitor's Closet	5.57	60	One janitor's closet per 10,000 nsf. See Section 6.
Litter/Wheelchair Storage	5.57	60	One per clinic.

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	m²	nsf	
<b><u>TREATMENT</u></b>			
Treatment Room	16.26	175	One per 6 providers, minimum one per clinic.
Treatment Room - two station	31.59	340	One per clinic. Provide for large clinics with over 12 or more providers. Includes space for two 120 nsf cubicles, plus a sink/work area. Note: clinics have the option of providing two 175 nsf one-station treatment rooms instead of one 340 nsf two- station treatment room.
Digital Radiology Viewing and Automation Equipment Room	8.36	90	Special Justification required. 1 per clinic when radiology station is programmed.

#### **Functions which are required for Residency Education in Pediatrics:**

The following areas must be programmed if the MTF provides a Pediatrics Residency Program.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Director of Pediatrics Residency	14.86	160	One per director of a Pediatrics Residency Program.
Secretary to Director with visitor waiting.	11.15	120	One per Director of a Pediatrics Residency Program, if there is a projected FTE secretary position.
Pediatric Residency Coordinator	11.15	120	One per Pediatric Residency Program Coordinator, if there is a projected FTE.
Residency Research Technician	11.15	120	One per program, when there is a projected FTE position.
Residents' Office Space	11.15	120	Minimum. 60 nsf per projected resident.
Pediatric Residency Office Library	22.29	240	One per Pediatric Residency Program.
Pediatric Residency Laboratory	11.15	120	One per clinic with authorized lab FTE.
Conference Room	37.16	400	One per Pediatrics Residency Program.
Rotating Resident's Office	11.15	120	One office for each of the maximum number of residents (all types) at any one time, who see patients in the clinic.
Rotating Resident's Examination Room	11.15	120	Two examination rooms for each of the maximum number of residents (all types) at any one time, who see patients in the clinic.
Small Group Counseling Rooms	11.15	120	One per eight Pediatricians and residents.